Foster Family Home - Corrective Action Report

Provider ID:

1-509622

Home Name: Marina Fernandez, LPN

Review ID: 1-509622-8

91-931 Ihupani Place

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date:

1/8/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

6.(d)(1)- The home has a gate at the sidewalk that lacks a communication method to the home for quick access into the home.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #2 - the medication prescription label did not match medication administration record since change in July 2019. CG has been administering per the bottle label as ordered

1/8/20 Date 1/8/20

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: MARINA FERNANDEZ

CCFFH Address: 91-931 IHUPANI PLACE, EWA BEACH, HI.96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6 (d) 1	Lapse in having a communication method from the front door cannot be corrected. A doorbell has be installed at the front door	1/13/20	caregiver will review all My choice my way rules for better understanding and follow new rules immediately
54 (c) 5	Case management agency has corrected the medication administration record. I have worked with RN Case manager to correct all previous records	1/31/20	will request new medication record for each new or changed medication immediately or new client

Primary Caregiver's Signature: Marina Fernandez

Print Name: MARINA FERNANDEZ Date of Signature: January 11, 2020